

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 102 73	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name RICHARD W. BERG P.O. Box, Bldg., Room No., if any Street 5880 HOMESTEAD RD. City DULUTH State MN ZIP Code + 4 55804	4. Name, file number, and address of labor organization. Name NORTH CENTRAL CARPENTERS TRAINING FUND Labor Organization File Number 003419 P.O. Box, Building and Room Number, if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code + 4 55811
5. Position in labor organization. TRAINING COORDINATOR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N.A. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard Berg

On

8-3-05
Date

(218) 724-6573
Telephone Number

Name of Person Filing RICHARD W. BERG	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NORTH CENTRAL CARPENTERS TRAINING FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5238 MILLER TRUNK HWY.</p> <p>City HERMANTOWN</p> <p>State MN ZIP Code + 4 55811</p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. WAGES PAID 2004</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 68,387.44 + 12.26</p> <p>12.a. Nature of interest he c or income received. PER HR FRINGES</p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N. A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing **RICHARD W. BERG**

File Number U-

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8. Name and address of Business (including trade name, if any).

Name **NORTH CENTRAL CARPENTERS TRAINING FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5238 MILLER TRUNK HWY.**City **HERMANTOWN**State **MN** ZIP Code + 4 **55811**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing. **REIMBURSED MILEAGE****2/04**11.b. Approximate dollar value of such dealing. **241.56**

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **N.A.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **RICHARD W. BERG**

File Number U-

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Name **NORTH CENTRAL CARPENTERS TRAINING FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5238 MILLER TRUNK HWY.**City **HERMANTOWN**State **MN**ZIP Code + 4 **55811**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing. **LOGGING FOR CARPENTERS LEADERSHIP CONFERENCE - PALM SPRINGS CA 3/04**11.b. Approximate dollar value of such dealing. **949.45**

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **N. A**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing RICHARD W. BERG	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NORTH CENTRAL CARPENTERS TRAINING FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5238 MILLER TRUNK HWY.</p> <p>City HERMANTOWN</p> <p>State MN ZIP Code + 4 55811</p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. HOTEL & MEALS FOR SCAFFOLD REFRESHER CLASS IN BEMIDJI MN 4-04</p>
	<p>11.b. Approximate dollar value of such dealing. 207.36</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N. A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing RICHARD W. BERG	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NORTH CENTRAL CARPENTERS TRAINING FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5238 MILLER TRUNK HWY.</p> <p>City HERMANTOWN</p> <p>State MN ZIP Code + 4 55811</p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. 4/04 REIMBURSED MILEAGE</p> <p>11.b. Approximate dollar value of such dealing. 305.99</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N. A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing RICHARD W. BERG	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NORTH CENTRAL CARPENTERS TRAINING FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5238 MILLER TRUNK HWY.</p> <p>City HERMANTOWN</p> <p>State MN ZIP Code + 4 55811</p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. MEAL REIMBURSEMENT FOR 32 H.R SCAFFOLD CLASS DULUTH, MN 5-04</p>
	<p>11.b. Approximate dollar value of such dealing. \$48.34</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N.A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code - 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing RICHARD W. BERG	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. LOOKING FOR ACOUSTICAL CEILING CLASS IN FARGO, N.D. 5-04 11.b. Approximate dollar value of such dealing. 74.75 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N.A. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filing RICHARD W. BERG	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. REIMBURSED MILEAGE 7-04 <hr/> 11.b. Approximate dollar value of such dealing. \$357.76 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N. A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing RICHARD W. BERG	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. LODGING FOR MSHA REFRESHER CLASS TAUGHT IN BEMIDJI, MN 8-04 11.b. Approximate dollar value of such dealing. \$88.64 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N.A. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing RICHARD W. BERG	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. LOGGING/MEALS 1CF CLASS TAUGHT IN FARGO, N.D 11-04 <hr/> 11.b. Approximate dollar value of such dealing. \$243.56 <hr/> 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N. A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <hr/> <hr/> <hr/>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing RICHARD W. BERG	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. REIMBURSED MILEAGE 11-04 <hr/> 11.b. Approximate dollar value of such dealing. \$307.88 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N. A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
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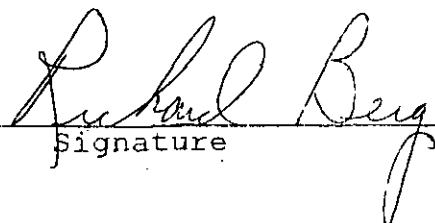
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NORTH CENTRAL CARPENTERS TRAINING FUND</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>5238 MILLER TRUNK HWY</u></p> <p>City <u>HERMANTOWN</u></p> <p>State <u>MN</u> ZIP Code + 4 <u>55811</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p><input type="radio"/> b. Trust</p> <p><input type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. <u>CONFERENCE FEE FOR INTERIOR SYSTEMS CONFERENCE PALM SPRINGS, CA</u></p> <p><u>12-04</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$175.00</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

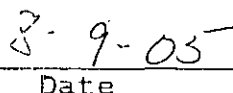
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>NA</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.



Signature



Date